

011404  
10281  
10/756761

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
REQUEST FOR FILING APPLICATION UNDER 37 C.F.R. 1.53(b)  
**WITHOUT FILING FEE AND/OR WITHOUT EXECUTED INVENTOR'S DECLARATION**

**Mail Stop Patent Application**

Atty. Dkt. 604-706

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Sir:

Date: January 14, 2004

22553 U.S. PTO  
10/756761  
011404

This is a request for filing a new PATENT APPLICATION under Rule 53(b) entitled:

**TREATMENT OF NEURODEGENERATIVE CONDITIONS**

without a filing fee and/or without an executed inventor's oath/declaration.

This application is made by the below identified inventor(s). Attached hereto are the following papers:

- ☐ Newly executed Declaration, ☐ Copy of Declaration from prior application, ☒ Abstract  
☐ Please **delete** the following inventors in the continuation/division/continuation-in-part application:

**Deleted persons:**

10 pages of specification and claims (including 15 numbered claims), and  
0 sheets of accompanying drawing/s.

☐ Attached is a Power of Attorney.

☒ Priority is hereby claimed under 35 U.S.C. § 119 based on the following foreign applications:

**Application Number**

**Country**

**Day/Month/Year Filed**

0300783.8

United Kingdom

14 January 2003

, respectively, the entire content of which is hereby incorporated by reference in this application..

☐ Certified copy(ies) of foreign application(s) is/are attached.

☐ Certified copy(ies) filed on \_\_\_\_\_ in prior application no. \_\_\_\_\_ filed \_\_\_\_\_

☐ This application claims the benefit of Provisional Application No. \_\_\_\_\_, filed \_\_\_\_\_, the entire content of which is hereby incorporated by reference in this application.

☐ This application is a ☐ continuation/☐ division/☐ continuation-in-part of Application No. \_\_\_\_\_, filed \_\_\_\_\_, the entire content of which is hereby incorporated by reference in this application.

☐ Petition filed in prior application to extend its life to insure co-pendency.

☐ The prior application is assigned to \_\_\_\_\_

☐ It is hereby requested that the Examiner consider the art cited in the above parent application(s) by applicant and/or the Examiner for the reasons stated therein. A listing of that art is attached, but pursuant to Rule 98(d) copies are not required.

☐ Applicant claims "small entity" status. ☐ "Small entity" statement attached.

☒ Please enter the attached preliminary amendment **prior** to calculation of filing fee:

☐ Also attached: ☐ Information Disclosure Statement; ☐ Non-Publication Request; ☐ Nucleotide and/or Amino Acid Sequence Submission; ☐ Statement deleting Inventor(s) named in prior application; ☐ Other:

1. Inventor: Laurence S. Harbige United Kingdom  
(first) MI (last) (citizenship)  
Residence: (city) London (state/country) United Kingdom  
Mailing Address: 40 Middleton Close, London, United Kingdom  
(Zip Code) E4 8EA

2. Inventor: Michael J. Leach United Kingdom  
(first) MI (last) (citizenship)  
Residence: (city) West Wickham, Kent (state/country) United Kingdom  
Mailing Address: 48 Cherry Tree Walk, West Wickham, Kent, United Kingdom  
(Zip Code) BR4 9EF

☒ **See attached sheet(s) for additional inventor(s) information!!**

Address all future communications to NIXON & VANDERHYE P.C., 1100 North Glebe Road, 8<sup>th</sup> Floor, Arlington, VA 22201.

Correspondence Address:

NIXON & VANDERHYE P.C.

**Customer Number:**

**23117**

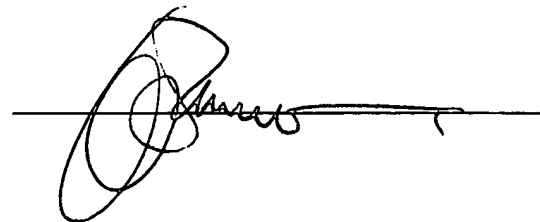
By Atty: Leonard C. Mitchard, Reg. No. 29,009

Telephone: (703) 816-4000

Facsimile: (703) 816-4100

LCM:lfm

Signature: \_\_\_\_\_



3.	Inventor:	Mohammed	MI	Sharief	United Kingdom
		(first)		(last)	(citizenship)
	Residence: (city)	London (state/country) United Kingdom			
	Mailing Address:	Dept. of Clinical Neurosciences, Guys, King's and St. Thomas' School of Medicine, Hodgkin Building, Guy's Hospital, London, United Kingdom			
	(Zip Code)	SE1 9RT			
4.	Inventor:		MI		
		(first)		(last)	(citizenship)
	Residence: (city)	(state/country)			
	Mailing Address:	, ,			
	(Zip Code)				
5.	Inventor:		MI		
		(first)		(last)	(citizenship)
	Residence: (city)	(state/country)			
	Mailing Address:	, ,			
	(Zip Code)				
6.	Inventor:		MI		
		(first)		(last)	(citizenship)
	Residence: (city)	(state/country)			
	Mailing Address:	, ,			
	(Zip Code)				
7.	Inventor:		MI		
		(first)		(last)	(citizenship)
	Residence: (city)	(state/country)			
	Mailing Address:	, ,			
	(Zip Code)				
8.	Inventor:		MI		
		(first)		(last)	(citizenship)
	Residence: (city)	(state/country)			
	Mailing Address:	, ,			
	(Zip Code)				
9.	Inventor:		MI		
		(first)		(last)	(citizenship)
	Residence: (city)	(state/country)			
	Mailing Address:	, ,			
	(Zip Code)				
10.	Inventor:		MI		
		(first)		(last)	(citizenship)
	Residence: (city)	(state/country)			
	Mailing Address:	, ,			
	(Zip Code)				
11.	Inventor:		MI		
		(first)		(last)	(citizenship)
	Residence: (city)	(state/country)			
	Mailing Address:	, ,			
	(Zip Code)				

NOTE: FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.